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APPLICANTS

Jason Artof, Huntington Beach, CA;
Tuoc Tan Nguyen, Irvine, CA;
Keith E. Myers, Lake Forest, CA;

** CONTINUING DATA **********

** FOREIGN APPLICATIONS **********

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 12/30/2003

		STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
Foreign Priority claimed	☐ yes ☐ no	CA	43	20	1
35 USC 119 (a-d) conditions met	☐ yes ☐ no ☐ Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials				

ADDRESS
34026

TITLE
MINIMALLY INVASIVE VALVE REPLACEMENT SYSTEM

FILING FEE RECEIVED	FEES: Authority has been given in Paper	
750	No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	☐ All Fees ☐ 1.16 Fees (Filing) ☐ 1.17 Fees (Processing Ext. of time) ☐ 1.18 Fees (Issue) ☐ Other _____ ☐ Credit